

I. Name of Lobbyist(s) _____

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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APR 15 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

Debra Vanderbeek, Robert Clegg, Periklis Karoutas

Legislative Soluti	ons, L.L.C.		
(Name of partnership	, firm or corporation)		
P.O. Box 10724	Bedford	NH	03110
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
((0 0)) 986-9145	()	_{e-mail} dbeek@a	inl com
(Telephone)	(Fax		
III. This statement covers: (Choose reportable expense transactions with All reportable transactions occur	hich are not attributable	to any one client).	
	gy Innovation Organiza		
•	Client as it appears on the L	obbyist Registration Form)	
OR			
 All reportable transactions by the unrelated to any particular client. 	lobbyist (including the lo	bbyist's family), or the lobbyin	g firm listed below which
IV. Date of Report April 24, 20	19 X registration to 3/31/19	July 31, 2019 🗆	0
	_	activity from 4/1/19 to 6/30/19	y
October 30, 2019 activity from 7/1/19 to 9/30/19		January 29, 2020 ☐ <i>activity from 10/1/19 to 12/3.</i>	1/19
V. There have been no fees rece If this box is checked, complete just t Concord, NH 03301.	-		=
VI. Check if additional reports are	attached:		
If you have received fees or mad		file Addendum A- Fees and E	Expenses
☐ If you have paid an honorarium (Expense Reimbursement			
If you, your firm, or your family	has made political contril	butions, you must file Addend	um C- Political Contributi
Sworn Statement/Affirmation by I I have read RSA 15, RSA 15-B, RSA and complete to the best of my know	14-Cand RSA 664 and I	hereby swear or affirm that the April 9, 2019	foregoing information is to
(Signature of lobbyist)			ate)
(Signature of loopyist)		(D)	,
Debra Vanderbeek			
(Print Name of lobbyist)			

PLEASE PRIN

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) _	Debra Vanderbeek, Robert Clegg, Peri	klis Karoutas
II. Name of lobbyist's p	partnership, firm or corporation, if any:	
	gislative Solutions, L.L.C.	
(Name of	partnership, firm or corporation)	
III. Name of Client	Biotechnology Innovation Organization	Date April 9, 2019
to lobbying, including fee	of all fees received from the client identified above es for services such as public advocacy, governmen toring legislation, and related legal work. The gr	t relations, or public relations service
a) Total of all fees receiv	9,000.00 a) \$	
	ved this calendar year, prior to this reporting period e total of all prior monthly reports for this calendar y	b) \$ <u>0</u>
c) Total of all fees receiv (Add lines a and b)		c) \$ 9,000.00
d) Indicate the amount o yet been paid	f any such fees that are due, but have not	d) \$ <u>0</u>
fees. Separate reports ar the lobbyist(s)/firm that Expenses are to be report during the reporting period individual expenses wher lunch where the cost was being lobbied, purchase of (c) an itemized statement any purpose not covered ceremonial object to be grestaurant expenses for a	tnerships, firms, or corporations are required to reject to be filed for expenditures made relative to each are unrelated to any one client a separate report ted in one of three categories of expenses: (a) the od for salaries, benefits, support staff, and office eithe expenditure was of \$25.00 or less (for examp \$25.00 or less, purchase of a pen with a value of less acremonial object given to a person being lobbin of each individual expenditure made during this report by (a) (for example: purchase of a meal with value) given to the subject of lobbying with a value great a legislative reception). Expenses for honorariums reted on separate addendums and should not be reported.	client and if expenditures are made b may be filed for the lobbyist(s)/firm e aggregate total of all expenses pai expenses; (b) the aggregate total of a ble: meals purchased during a businesses than \$10 that is given to the personed with a value of \$25.00 or less); an orting period of greater than \$25.00 for ue of greater than \$25, purchase of er than \$25, but not greater than \$56, expense reimbursement, or political
support staff, and office e.	ses for this reporting period for salaries, benefits, xpenses, related directly or indirectly to lobbying.	a) \$ 9,000.00
b) Total aggregate of exp in a), of \$25 or less.	enditures during this reporting period, not reported	b) \$ <u>0</u>
c) Total of all itemized ex	spenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>9,000.00</u>
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ 9,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
	April 9,2019
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partn	ershin firm or cornor	ration · Legislative Soluti	ons, L.L.C.
			r corporation and not related to any
particular client):		ovation Organization	·
particular elicity.			
Date of Report (check o	ne):		
April 24, 2019 💢	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 □
			and Expenses described above, and number of Addendum forms being
Addendum A(s)			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm complete to the best of n		ief.	ent and each Addendum is true and
(Signature of lobbyist)	71		(Date)
	- /		
Robert Clegg			
(Print Name of lobbyist)	1		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partr	ershin firm or corpo	oration: Legislative Solutio	ns, L.L.C.
			corporation and not related to any
particular client):			corporation and not related to any
particular chent):	Dioteciniology in	- Organization	
Date of Report (check o	ne):		
April 24, 2019 💢	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s)			
Addendum B(s)			
Addendum C(s)			
I hereby swear or affirm complete to the best of r		lief.	nt and each Addendum is true and
(Signature of Johnwigt)		<u>Aprii</u>	9, 2019 (Date)
(Signature of lobbyist)			(Date)
Periklis Karoutas			
(Print Name of lobbyist))		